

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10084**

FILED MAR 24 1952

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2164**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<i>2/3/9</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>4710 Lexington</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>LeVonda</b> b. (Middle) <b>Esma</b> c. (Last) <b>Hicks</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 3, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 10, 1930</b>	9. AGE (In years last birthday) <b>21</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone</b>	11. BIRTHPLACE (State or foreign country) <b>Parma, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Murray E. Nichols</b>		13b. MOTHER'S MAIDEN NAME <b>Olive Orr</b>		14. NAME OF HUSBAND OR WIFE <b>Conrad</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>491-34-3596</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Murray E. Nichols, Bloomfield, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Gangrenous Ruptured Appendicitis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>4 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>550.1</b>			
22. I hereby certify that I attended the deceased from <b>3-2</b> , 19 <b>52</b> , to <b>3-3</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3-2</b> , 19 <b>52</b> , and that death occurred at <b>6:25a</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) <b>H. Schupel M.D.</b>			23b. ADDRESS <b>634 W. Grand Ave. St. Louis, Mo.</b>		23c. DATE SIGNED <b>3-4-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-4-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Malden Park Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Malden, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>MAR 6 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		

OCT 29 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John J. Staines*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4608*

P. O. Address *St. Louis MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.